

# **TEMPORARY USE REGULATIONS AND CHECKLIST TEMPORARY PORTABLE CLASSROOM**

## **REGULATIONS:**

- **REFER TO §25.08 OF THE CARMEL ZONING ORDINANCE FOR THE FOLLOWING REGULATIONS:**
- **PERMITTED ZONING DISTRICTS:** May be permitted in all zoning districts as a temporary use **ONLY**, provided the use would NOT detrimentally affect the health, welfare, safety, or morals of the neighborhood under construction.
- **DURATION OF TEMPORARY USE:**
  - **TEMPORARY PORTABLE CLASSROOM:** May not exceed eighteen (18) months. Provided the applicant submits in writing to the Department of Community Services prior to the expiration of permit, the use may be extended by increments of up to eighteen (18) months. The temporary portable classroom must be removed within thirty (30) upon the issuance of a Certificate of Occupancy for the project and the temporary use permit shall expire at the end of that thirty (30) days.

## **CHECKLIST FOR APPLICATION:**

1. ☐ **TEMPORARY USE APPLICATION:** Two (2) copies of completed application are required with signatures.
  - a. **ADDRESS:** If the permanent address for the property is unknown, you should contact Operations Supervisor William Akers of the Department of Communications at (317) 571-2586 or at [wakers@carmel.in.gov](mailto:wakers@carmel.in.gov).
2. ☐ **LEGAL DESCRIPTION:** Provide a legal description of the platted lot on which the temporary use will utilize.
3. ☐ **DEVELOPMENT PLAN/MAP:** Two (2) copies of a map which illustrates where the lot is located within the overall development or project site (indicate the specific lot on the plan). Context Map.
4. ☐ **SITE PLAN:** Two (2) copies are required which shows the following information:
  - a. Adjacent public road right-of-way
  - b. Location and footprint of temporary portable classroom structure on the property; show applicable setbacks from the public right-of-way and adjacent property lines.
  - c. Adequate access and off-street parking facilities.
  - d. Photometric plan showing light intensity at the lot lines. If no lighting is to be installed, submit a written statement to this effect.
5. ☐ **FOR MOBILE UNITS:** Supply mobile unit certification number issued from State Fire Prevention & Building Safety, Division of Code Enforcement. And submit one copy of mobile unit structure plans (i.e. floor plan, overall dimensions, standard equipment, restroom facilities and egress).

## **REVIEW & APPROVALS:**

The following Departments will review and approve all temporary use permit packages and may require inspections: Building & Code Enforcement, Planning and Zoning, and the Carmel Fire Department.

## **FEES:**

Fee Waiver for Local Non-profit Organization per § 25.24

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APPLICATION REVIEWED BY: \_\_\_\_\_ REQUIRED INSPECTIONS:

\_\_\_\_\_ ELECTRICAL \_\_\_\_\_ SITE

VALID UNTIL: \_\_\_\_\_

\_\_\_\_\_ FIRE DEPARTMENT



**CITY OF CARMEL / CLAY TOWNSHIP**

PHONE: 317-571-2444

FAX: 317-571-2999

**Permit #** \_\_\_\_\_

**TEMPORARY USE APPLICATION  
PORTABLE CLASSROOM**

**APPLICANT:**

APPLICANT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**BUILDER/COMPANY:**

BUILDER/COMPANY

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUBDIVISION/PROJECT NAME: \_\_\_\_\_ MOBILE UNIT CERTIFICATION #: \_\_\_\_\_

ADDRESS OF PROPOSED USE: \_\_\_\_\_

**CERTIFICATION AND NOTICE OF INTENT TO COMPLY**

IT IS THE RESPONSIBILITY OF THE APPLICANT TO APPLY FOR THE PERMIT EXTENSIONS PRIOR TO EXPIRATION OF THE PERMIT. ANY TEMPORARY CONSTRUCTION FACILITY OPERATING WITHOUT A VALID PERMIT SHALL BE CONSIDERED A CIVIL ZONING VIOLATION SUBJECT TO ENFORCEMENT ACTION BY THE CITY OF CARMEL.

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE APPLICATION AND PLANS FILED WITH THE APPLICATION ARE CORRECT, AND THAT THE OPERATION AND CODUCT OF THE TEMPORARY USE WILL CONFROM TO THE REGULATIONS OF THE CARMEL ZONING ORDINANCE. FAILURE TO COMPLY WITH THE TERMS AND CONDITIONS OF THIS PERMIT MAY RESULT IN A CITATION AND ADDITIONAL FEES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT(REQUIRED)      DATE

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER (REQUIRED)      DATE